RNWALL COUNTY COUNCIL

(EDUCATION COMMITTEE)

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

1950

R. N. CURNOW, M.B., B.S., D.P.H.

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OSCAR BLACKFORD LTD., PRINTER BY APPOINTMENT, ROYAL PRINTERIES.

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REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1950

HEALTH DEPARTMENT,
COUNTY HALL,
TRURO.
May, 1951.

To the Chairman and Members of the Education Committee of the Cornwall County Council;
Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Health Service for the year 1950.

Progress continued to be made during the year; as the various branches of the Health Services gradually recovered from the disturbance caused by the National Health Service Act 1946, it became possible to bring them into closer relationship in connection with the medical care of school children. Agreement was reached between the British Medical Association and the Society of Medical Officers of Health regarding the relationship between the School Health Services and the family Doctor, and this helps to avoid misunderstandings between these two branches of the service. Many of the Hospitals in the West Cornwall Hospital Management Committee's area are giving us valuable information about children who have been in-patients or out-patients.

Considerable attention has been given during the year to the water supplies and sanitary services of schools. Information will be found in the body of the Report concerning the supervision of school water supplies, but it must be realised that no truly satisfactory solution of these many problems can be found until an adequate supply of pure water is publicly provided in the areas in which the schools are situated. Recorded in the Report also is the strenuous effort made by the Education Committee to deal with the problems of sanitation in rural areas, and it is gratifying to see what substantial progress has been made in spite of difficulties.

The section on handicapped pupils shows how very difficult it has been to find Residential Special School accommodation for children requiring it. As far as the educationally subnormal children are concerned, they present a problem not only to themselves, but to their fellow pupils and to their teachers, and it is hoped that the County Council's Residential Special School for them will be opened at Pencalenick towards the end of the year 1951. The note on Child Guidance contributed by the County Psychiatrist shows the progress which has been made in dealing with this very difficult problem; here again, it is hoped to open additional premises during the year 1951. Dr. Jackson,

who followed Dr. Wyndham Davies, towards the end of the year, reiterates the need for a complete team to deal with maladjusted children, and emphasises the importance of the Educational Psychologist.

The Dental Service continued to operate, handicapped by a shortage of staff which made it impossible to run an efficent Service. The continued falling off in the standard of work caused by the shortage of staff is illustrated by a fall of 9% in the proportion of children accepting treatment recommended. This section of the Report makes sad reading, but credit is due to those members of the staff who have loyally carried on in spite of great difficulty. A noteworthy addition to the Dental Services was the commencement of a Dental Apprentices Course, run partly by the County Dental Service in conjunction with the Dolcoath Technical Institute.

In the section dealing with infectious diseases is included a note by Dr. Hargreaves, the Deputy County Medical Officer, who investigated the epidemiological aspects of an outbreak of infective hepatitis occurring in the West Penwith peninsula during the autumn and winter of 1949-50. The number of cases of diphtheria remained low, although showing a slight increase, and the number of children continuing to be immunised remained fairly satisfactory. It cannot be too often emphasised that this disease is not yet stamped out of existence, and the only way to keep it under control is to maintain a high rate of immunisation, particularly among the child population.

I draw special attention to the report on physical education. As the facilities for simple remedial exercises become more adequate in the schools, many more children suffering from minor postural defects will be dealt with in the schools instead of having to lose so much of their time in attending Clinics frequently for long periods. This development of the system of physical education in the Cornish schools is one of the most important during recent years, and will benefit the children's education as well as their physical condition.

This Report which is rather longer than usual, shows that progress has been made in many directions in spite of the difficulties of the times. This could not have been achieved without Dr. Elliott's enthusiastic and wise administration; I would like to express to him my gratitude for all the help he has given during the year under review. I am also very grateful indeed for the understanding and sympathetic support which we have invariably received from the Chairman and Members of the Committee, the Secretary for Education and his staff, the Teachers, and the various Voluntary Bodies associated with the School Health Service.

I am,
Your obedient Servant,

R. N. CURNOW
School Medical Officer.

STAFF.

School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Senior Assistant School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.,

School Psychiatrist:

S. W. DAVIES, M.R.C.S., L.R.C.P., D.P.M (resigned 6.8.50).

D. JACKSON, M.A., M.B., Ch.B., D.P.M. (commenced 1.9.50).

Assistant School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. MCKELLAR, M.B., B.S.

JEAN D. MCMILLAN, B.Sc., M.B., Ch.B.

G. D. K NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

B. ROBERTS, M.R.C.S., L.R.C.P.

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

*Also Assistant County Medical Officer.

Chief Dental Officer:

K. BATTEN, L.D.S.

Dental Officers:

W. K. BATTEN, L.D.S.

H. J. EAGLESON, L.D.S. (commenced 11.12.50).

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.

D. A. PATTERSON, L.D.S

F. H. STRANGER, L.D.S.

F. R. TAYLOR, L.D.S.

Speech Therapist:

MISS J. ROWLEY-LEWIS. L.C.S.T.

Social Worker:

MRS. J. M. STEPHENS, B.A.(Cantab.), Social Science Diploma

STATISTICS.

Population, 1950 (approximate)	Civilian	332,429
	Total	339,999
School Population	...	42,716
No. of Schools:		
Primary	330 with	31,881 pupils
Secondary:		
Grammar	21 with	4,940 pupils
Modern	19 with	3,505 pupils
Technical	2 with	2,351 pupils
Nursery	1 with	39 pupils

MEDICAL INSPECTIONS.

The general health of school children in Cornwall continues to be satisfactory and there were no serious epidemics during the year.

Under the Handicapped Pupils and School Health Service Regulations, 1945, the three routine inspections are:—

(a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission;

(b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school;

(c) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school.

In addition, the Ministry of Education has approved the routine medical examination of two additional groups:—

(1) at 8 years of age (vision test);

(2) on entry to Secondary Grammar and Secondary Modern Schools. This examination is normally carried out within the first few weeks of entry, so that any defect can be reported to the Head Master or Headmistress and due consideration given to the change of environment, especially from a Primary to a Grammar School.

The number of medical inspections made during the year were:—

Routine Medical Inspections

Entrants	...	4,940
Second Age Group	...	4,526
Third Age Group	...	3,641
		13,107

Additional Inspections		
Vision at 8	...	3,350
Entrants to Secondary Schools		3,861
		7,211
Other Inspections		
Special Inspections	...	2,407
Re-inspections	...	4,496
		6,903

It will be noted that in 1950 the total number of inspections increased by 5,296. This increase was due to various causes:—

(a) increased numbers of entrants to Primary Schools.
(b) the adjustment of ages examined in the 2nd Age Group.
(c) a complete examination of entrants to secondary schools.

CO-ORDINATION.

Since the introduction of the National Health Service Act, 1946, on 5th July, 1948, the Assistant School Medical Officers have attended the Child Welfare Centres in their areas as well as carrying out the school medical inspections. This important link between the mothers' and young children's service, and the school health service enables the School Doctors to supervise the health of children from soon after birth to school leaving age. A further and important link is the school nurse who assists the Doctor at School Medical Inspections and who in many areas also carries out the duties of district nurse, midwife and health visitor.

CO-OPERATION.

The smooth running of an efficient school health service depends upon the co-operation of many groups of people.

Head Teachers.

The Head Teachers of the schools give much valuable assistance at the School Medical Inspections and in the resulting after-care and follow-up work, as well as in compiling periodical returns. Many of the schools have large classes and overcrowded conditions and the Head Teachers are often burdened with backward and difficult children who through lack of sufficient places are unable to attend the special schools which cater for such cases. These cases often require special consultations between the Head Teacher and the School Doctor.

Parents

It is encouraging to note that an increasing number of parents attend school medical inspections where they welcome an opportunity to discuss the child's ailments with the doctor.

Family Doctors.

As a result of agreement between the British Medical Association and the Society of Medical Officers of Health, arrangements have been made to ensure that the Family Doctor of any child referred to Specialist Clinics (eye clinics excepted) shall be approached so that he may make the arrangements himself or agree that the School Health Service shall make the necessary arrangements and inform the Family Doctor of the findings.

It has been found that this scheme works extremely well and the General Practitioners have whole-heartedly co-operated with the School Health Service in this matter.

In this respect, there has been a very valuable exchange of medical information regarding school children.

Hospitals.

In my report for the Year 1949, I stated that it was hoped to arrange for information regarding children discharged from Hospitals to be transmitted to the school health service. I am glad to be able to report that a most comprehensive and satisfactory scheme is now working and the information obtained has been of the utmost value to the School Doctor and School Nurse enabling them to follow-up and take special care of the children who require it. The reports from the hospitals have a further and valuable feature in that they draw attention to children who should be considered for inclusion in the category of "Handicapped Children."

Voluntary Societies.

Many voluntary bodies such as the National Society for the Prevention of Cruelty to Children, the Red Cross and the Cornwall County Association for the Blind also give great assistance to the school health service and I should like to take this opportunity of thanking them for their co-operation.

WATER SUPPLIES IN SCHOOLS.

A sanitary survey of all the schools in the county where the water supply is not obtained from public mains was carried out by the County Sanitary Officer in 1948, and samples of the water taken

and submitted for both chemical analysis and bacteriological examination.

Since this survey was completed all these sources of supply have been kept under observation by him and regular samples taken and submitted for bacteriological examination.

During the year 161 samples have been taken from schools and canteens of which 95 were satisfactory and 66 unsatisfactory.

A number of the unsatisfactory samples were taken from alternative sources with a view to their being used in lieu of existing unsatisfactory sources of supply.

The Secretary for Education is notified of all unsatisfactory samples and if the source of supply is also a public supply the Medical Officer of Health and the Sanitary Inspector of the district in which the school is situated are notified and asked to cause an investigation to be carried out.

As a result of these representations the following works or precautions have been or are being carried out:—

Schools connected to public mains	...	9
Alternative sources being sought	...	4
Wells cleaned out or repaired	...	3
Storage tanks cleaned out	...	2
New service pipes installed	...	1
Sinking of new wells under consideration	...	2
Defective drainage relaid	...	1
Water being boiled	...	19

At many of the schools water for drinking is being carried from distant sources of supply and stored in containers at the school. Many of the containers are unsuitable, they are left in the cloakrooms without covers, an enamel mug is used for drinking and may be used by a number of children without being washed.

Although samples taken from the source may prove on examination to be satisfactory, long storage at the school under conditions which cannot be regarded in all cases as satisfactory, renders the water unsuitable for drinking.

Where public mains supplies are brought to within reasonable distance of the school by the local authority or other water undertaking every effort should be made to connect the school to such supply.

With this in view the Education and Architect's departments of the County Council are notified of all schemes of water supply submitted to the County Council, in accordance with the Rural Water Supplies and Sewerage Act, 1944, for their observations.

SANITATION IN SCHOOLS.

In December 1949 a survey of the sanitary arrangements of the schools was made by the Secretary for Education. The survey covered 369 schools, of which 41 were Secondary (Grammar and Modern) and 328 were Primary (289 County and 89 Voluntary). Section 32 of the Education Act 1944, precludes an L.E.A. from requiring the Managers of voluntary schools to effect an improvement or alteration of their school premises until the Minister of Education has made a Development Order, but the survey was extended to cover such schools so that the record might be complete. The information was tabulated by the Buildings & Sites Section of the Education Department and after consultation with me, and in the light of reports of the Assistant School Medical Officers, a scheme of priorities was prepared for submission to the Buildings & Sites Sub-Committee. The Sub-Committee were in the fullest agreement with the argument that whilst the position statistically appeared to be better than had been feared, there are very many schools which require, and in fact must have, early attention. It was very evident that the scheme must of necessity extend over several years but the first part was commenced in 1950 by making alterations and improvements in the following schools:—

Trythall C.P.	...	Privy to buckets.
Newbridge C.P.	...	do.
Kelynack C.P.	...	do.
Sennen C.P.	...	do.
Nancekuke C.P.	...	do.
Chyvelah C.P.	...	do.
Kehelland C.P.	...	Improved ventilation, etc.
Stithians C.P.	...	Improved conditions—w.c.s impracticable.
Falmouth Technical	...	Additional Sanitary accommodation.

An estimate was obtained for Carnyorth but the conditions there did not justify the expense of alterations, the answer seemed to lie in effective maintenance.

Larger scale improvements (conversion to water carriage systems) were made at:—

Ludgvan C.P.	Kea C.P.
Constantine C.P.	Fowey C.P. Girls
Lanner C.P.	Lescudjack Secondary Modern Girls.
Pool Secondary Modern	Truro, St. Mary's Controlled
Pool C.P. Infants	Leedstown C.P.
St. Mewan C.P.	Blackwater C.P.
Landewednack C.P.	Torpoint, Macey Street.

At Penryn, the Infants' School uses a Sunday School building and the offices have been materially improved by the building of a new block and the same thing has been done at the Baptist Sunday School, Falmouth, where infants are accommodated.

The Buildings & Sites Sub-Committee intend to proceed year by year, remedying the worst cases first. With that in mind, the conversion of the very unsatisfactory privies to the bucket system was taken in hand in those schools where no mains water or sewerage is available, not because that alteration was a complete, or indeed a particularly satisfactory solution, but rather because the bucket is the lesser of the two evils and the amelioration of conditions in so many more schools could be effected.

A more comprehensive programme has been prepared for 1951/52 and will be pressed forward as vigorously as possible so that it may be completed within that financial year, by when, it is hoped, a programme no less ambitious will have been prepared for the next year. Clearly it will be a long time before all cause of complaint is removed but the gradual implementation of the Major Building Programme will affect the position as new schools take the place of the old.

MILK IN SCHOOLS.

The supervision of the Milk in Schools Scheme has been continued throughout the year by the County Sanitary Officer and 247 samples of milk delivered to the schools have been taken and submitted for examination with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised ...	115	14	129
Tuberculin Tested ...	37	19	56
Accredited ...	9	3	12
Ordinary ...	30	20	50
All Grades ...	191	56	247

In the case of unsatisfactory samples of milk delivered to the school direct from the farm and in cases of T.T. and Accredited milk, the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

Most of the milk is supplied in one-third pint bottles and straws are provided. Where the milk is supplied in bulk and beakers used

for drinking, the methods of cleansing the beakers and other utensils are investigated.

The conditions under which the milk is received, stored and distributed at many of the schools leaves much to be desired.

Bottled milk is delivered in metal crates and deposited at the school gates and is liable to contamination. Bottled and bulk milk is, in many cases, deposited in the cloak rooms and is left there until it is distributed for consumption. The milk is often placed on the pipes of the school heating system to "take off the chill" thereby encouraging the rapid multiplication of any bacteria present and accelerating souring of the milk.

Beakers are rinsed in cold water and left to dry because hot water is not available.

Where schools have canteens and these are in close proximity to the schools, the milk should be delivered to the canteen and the canteen staff be responsible for the distribution of the milk and the cleansing and sterilization of beakers and other utensils.

In other cases the milk should be delivered to the school and means provided for storage in a cool place until it is consumed and provision made for the proper cleansing of beakers.

All bottles, after use, should be rinsed in cold water, turned upside down in the crate and left ready for collection.

The following table shows the grade of milk supplied to the schools at the end of 1949 and at the end of 1950.

Grade of Milk		31st December 1949	31st December 1950
Pasteurised	...	269	329
Tuberculin Tested	...	47	30
Accredited	...	15	2
Ungraded	...	39	12
Dried Milk	...	4	1
No. of Schools	...	374	374

The number of children taking milk during the Winter term was 27,607.

Samples of milk from all sources supplying ungraded or accredited milk to schools have been taken and submitted for biological examination. All samples proved to be free of tubercle bacilli.

Four samples of milk were also taken from the Bodmin Mental Hospital Farm and these also proved to be negative for both tubercle bacilli and brucella abortus.

The school milks are also regularly sampled by the Food & Drugs Department and the average analysis of 192 samples taken during the year showed fat content 3.80% and solids not fat 8.88%.

CANTEENS.

The number of canteens and serveries increased from 218 to 220 during the year, providing 19,340 mid-day meals per day. The standard of cooking and cleanliness in these canteens remains excellent.

Further provision of canteens and serveries has been delayed on account of instructions from the Ministry of Education as there are national difficulties both material and financial.

HANDICAPPED PUPILS.

There are no new categories of Handicapped Children, and the numbers ascertained have kept fairly constant.

These children are under the close supervision of the Assistant School Medical Officers, and their progress or deterioration is reported to me at frequent intervals so that alterations of category can be noted, and special arrangements made in case of need.

There is, this year, a new column in the Handicapped Pupils Table "A" for children receiving Home Tuition. This additional facility has been of the utmost value to those children who otherwise would receive no education, and apart from the educational results it has been noted that the children are happier and more contented.

I am glad to say that more places in Special Schools have been available this year, and a total of 72 children are now in these Special Schools which is an increase of 13 on last year's figure.

It is hoped that Pencalenick, our Special School for E.S.N. children aged 11—16 will be opened in September, 1951.

HANDICAPPED PUPILS.

TABLE A.

Category.	Ascertained to require Special Residential School.	Ascertained to require special educational treatment in ordinary school.	Recommended for Home Tuition.	TOTAL	Now in Special School.	Now in Ordinary School.	Now having Home Tuition.	Now in Independent School.	Now having no education.	TOTAL.
Blind ...	7	—	—	7	6	1	—	—	—	7
Partially-sighted	13	2	—	15	7	4	—	—	4	15
Deaf ...	21	—	—	21	16	2	—	—	3	21
Partially deaf ...	5	7	—	12	2	10	—	—	—	12
Delicate ...	12	368	4	384	4	361	3	7	9	384
Diabetic ...	1	—	—	1	1	—	—	—	—	1
Educationally sub-normal ...	165	187	—	352	18	329	1	1	3	352
Epileptic ...	12	—	—	12	4	2	—	—	6	12
Maladjusted ...	16	64	—	80	4	76	—	—	—	80
Physically handicapped ...	32	—	6	38	10	14	3	1	10	38
Speech Defects ...	—	80	—	80	—	80	—	—	—	80
TOTAL ...	284	708	10	1,002	72	879	7	9	35	1,002

TABLE B.

Category	Recommended for Special School in 1950.	Admitted to Special School in 1950.
Blind ...	1	2
Partially Sighted ...	3	—
Deaf ...	2	2
Partially Deaf ...	2	1
Educationally Sub-normal ...	18	6
Epileptic ...	6	—
Physically Handicapped ...	2	7
Maladjusted ...	11	3
Delicate ...	2	3
	47	24

TABLE C.

Number of children notified in 1950 to the Mental Health Sub-Committee as ineducable and therefore excluded from School (Education Act, 1944, Sect. 57 (3)) ...	17
Number of children notified in 1950 to the Mental Health Sub-Committee as being inexpedient that they should be educated in association with other children (Education Act, 1944, Sec. 57 (4)) ...	1
Number of children notified in 1950 to the Mental Health Sub-Committee as requiring supervision on leaving School, or Special School (Education Act, 1944, Sec. 57 (5)) ...	19

TABLE D.

Number of Children in Special Residential Schools in December, 1950.

	Of School Age	Over-School Age (15-16 yrs.)
Blind and Partially Sighted:		
Royal School of Industry for Blind, Bristol ...	4	—
Royal Normal College for Blind, Shrewsbury ...	1	1
Worcester College for the Blind ...	1	—
Condover Hall, Shrewsbury ...	1	—
West of England Residential School for Partially Sighted, Exeter ...	4	1
Total ...	11	2

Deaf and Partially Deaf:

Royal West of England Residential School for the Deaf, Exeter ...	10	—
North Staffordshire Deaf School, Stoke-on-Trent	4	—
Lawn House School, Farnley, Leeds ...	2	—
Llandrindod Wells School for the Deaf ...	1	—
Hartley House Deaf School, Plymouth (Day) ...	1	—
Total ...	18	—

Delicate

Burrow Hill Residential Open-Air School, Frimley, Surrey ...	1	1
St. Dominic's R.C. Residential Open-Air School, Hambledon ...	1	—
Children's Convalescent Home School, West Kirby, Cheshire ...	1	—
Total ...	3	1

Epileptic:

Lingfield Epileptic Colony ...	2	—
Chalfont Epileptic Colony ...	2	—
Total ...	4	—

Educationally Sub-Normal:

Courtenay Residential School, Starcross ...	6	3
Withycombe House School, Nr. Exmouth ...	3	—
Royal Eastern Counties School, Colchester ...	1	—
Meadows Memorial Home School, Southborough	—	1
Besford Court R.C. School, Worcester ...	1	—
Monyhull Colony School, King's Heath, Birmingham ...	1	—
St. Christopher's School, Westbury, Bristol ...	1	—
Newton-Dee House, Bieldside, Aberdeenshire ...	—	1
Total ...	13	5

Maladjusted:

Sutcliffe School, Winsley House, Nr. Bradford-on-Avon ...	2	—
Mulberry Bush School, Standlake, Oxfordshire ...	1	—
St. Michael's Home, Ditchingham, Norfolk ...	1	—
Total ...	4	—

Physically Handicapped:

Victoria Home, Bournemouth ...	1	—
Hurst Lea, Weald Road, Sevenoaks ...	—	1
Dame Hannah Rogers School for Spastic Children Ivybridge ...	3	—
St. Loyes College, Exeter ...	—	1
Heritage Craft School, Chailey, Sussex ...	1	—
Hinwick Hall School, Nr. Wellingborough, Beds.	2	—
St. Christophers School Wraxall House, Bristol	1	—
St. George's Residential Hostel for Diabetic Children, Kersal, Salford ...	1	—
Total ...	9	2

RESIDENTIAL BOARDING HOMES FOR MALADJUSTED CHILDREN.

The only home for maladjusted children which was open during the year was Trevenson, Camborne, which admits maladjusted boys only.

However suitable premises at Pencubitt, Liskeard, were obtained during the year and it is hoped that early in 1951 this home will be opened to take approximately 17 maladjusted pupils.

These will consist of—

11 girls aged 5—15 years
6 boys aged 5—11 years

as it is considered advisable to separate the younger boys from the seniors, and the Psychiatrist strongly recommended that placing the younger boys with the girls will have a very beneficial effect on both.

Only boys over 11 years will be admitted to Trevenson.

CHILD GUIDANCE CLINICS.

Clinic	Address	Frequency
Camborne	Community Centre	2 a month
Falmouth	Health Clinic	2 a month
Liskeard	Infant Welfare Centre	2 a month
Penzance	Health Clinic	1 every 2 months
St. Austell	Health Clinic	2 a month
Truro	County Hall	1 or 2 a month
Wadebridge	Health Clinic	1 every 2 months

In November 1950, arrangements were made for children attending schools in the south east part of the county, to attend the Child Guidance Clinic in Plymouth. I am very grateful for the co-operation shown by the Plymouth Authorities which enables these children to obtain full facilities for Child Guidance as it was found impossible for one Psychiatrist to cover the whole county.

Dr. D. Jackson, the School Psychiatrist reports as follows:—

"During the year 1949—50, Child Guidance Clinics continued to be held at fortnightly intervals at Falmouth, Penzance, St. Austell and Truro. Additional sessions were latterly inaugurated at Wadebridge and Liskeard to serve the needs of some cases in these areas.

		Number of Cases	Number of attendances
Falmouth	...	25	37
Penzance	...	38	55
St. Austell	...	42	54
Camborne	...	31	47
Truro	...	37	48
Wadebridge	...	7	8
Liskeard	...	4	4
		184	253

The total number of cases, 184, represents an increase of 40 over that in 1949.

On 31.12.50, 29 cases were still under active treatment, and 9 had been referred, but not yet seen.

In addition to cases seen at Clinics, Special visits were paid throughout the year to 70 children. The cases concerned were either at Trevenson Hostel for Maladjusted Children, the County Remand and Reception Home, or in Children's Homes.

Conditions for which Advice was sought:—

Backwardness	...	36
Multiple conditions	...	35
Stealing and damaging	...	30
Nervous fears	...	27
Uncontrollable	...	16
Enuresis	...	13
Temper tantrums	...	7
Speech disorders	...	6
Fits	...	6
Sex difficulties	...	4
Asthma	...	3
Chorea	...	1

An effective Child Guidance Service.

Many of these children have benefitted considerably by attendance at the Child Guidance Clinics. Later in this report, details are given of a few illustrative cases. It must, however, be realised that without an Educational Psychologist, and indeed without a Psychiatric Social Worker for many months, diagnosis and treatment of these children has necessarily been rather superficial, and far more striking and satisfactory results are to be expected if and when the psychiatric team is brought up to full strength. The following notes on the proper organisation of a Child Guidance Service may be of interest:—

Effective therapy must be directed to the child as an individual whole. This entails an active approach to the relationships which are important in influencing the child's development, that is, home and school.

The Psychiatric Social Worker visits the home before the child is seen at the Centre. She investigates significant facts in the history both of the child and his parents, and assesses the social, economic, and above all the emotional inter-familial relationships. Since the child's character is interwoven with parental attitudes, especially that of the mother, the Social Worker also interviews the mother on every occasion on which the child attends the Centre, usually once or twice a week for about an hour over a period in many cases of months. The mother's own problems, in so far as they relate to that of the child, are worked out, hidden motives revealed, and she is helped to modify her attitude where it is contributing to the child's difficulties.

But the mother's own adjustment may not be complete when the child, after treatment, is considered fit for discharge. The Social Worker therefore follows up the case by maintaining contact with the home until the gains which have accrued both to mother and child are as consolidated as possible.

The Psychologist also interviews the child at the Centre. He carries out tests in order to assess the child's level of "intelligence" and his educational progress, and also the relationship between them. The child's behaviour and responses during the test afford clues for the assessment of his personality also. The Psychologist also visits the schools, acting as liaison officer between the Service and the Head Teachers and Teachers. He is particularly interested in explaining to Head Teachers the psychological conditions underlying the child's failure to adapt to, or his incapacity to succeed in the school environment.

If the natural insight of the child were given free play in the first decade of his life, how much nervous ill-health, how much apathy, disinterestedness and escapism, and how much aggressiveness and anti-social behaviour would be saved to society!

The function of the Psychiatrist, who is now informed by the Social Worker's portrayal of the tone of the home and the Psychologist's assessment of the child's intelligence, temperament and character, is next to investigate the particular problem for which the child is referred. Unlike the adult, the child cannot express himself in words, and an indirect approach both in diagnosis and therapy must therefore be used by the Psychiatrist. This is the method of Play. Play is not something distinct from learning! it is the learning behaviour of the child. It is also the way in which the child expresses his emotions, gratifies his wishes, symbolises his unconscious phantasies, and in general resolves his tensions. This may be made use of in diagnosis. For example, the drawing of a house may, by the omission of an important detail, reveal the child's own sense of deprivation; or his play with dolls which symbolise the family group may frankly reveal his jealousy or hatred of a brother or sister.

In therapy also, which may extend over weeks or months, free play, either alone or in the group, with water, sand, toys, tools, and other material specifically adapted for therapeutic purposes, is often sufficient not only to alleviate symptoms, but even to effect a lasting cure.

It may be gathered from the foregoing brief outline, that a Child Guidance Service demands its own special premises and equipment, as well as continuity of session of the Child Guidance team on the one hand, and continuity of attendance by the patient on the other.

As my predecessor Dr. Davies pointed out in his report for 1949 "More and more does it become obvious that a central clinic with proper premises and a full team is the only satisfactory solution, and will alone permit of a properly functioning clinic."

Hostels.

However "maladjustment" may be defined, the essential criterion of admission to a Hostel is that the child's difficulties appear insoluble so long as he continues in his home environment. In addition, a Hostel offers exceptional facilities which are otherwise unavailable for the systematic psychological observation and diagnosis of cases even where the term maladjustment does not strictly apply.

The segregation of the sexes in Hostels is undesirable. It is important to foster in the child a healthy and rational attitude to normal physiological processes. This is facilitated in a mixed group.

In the process of re-education of the maladjusted child, the adult must lay down the law on major issues, but within limits the child must have freedom to learn by experience and profit by his own mistakes. A limited measure of self-government by the children themselves as advocated by some workers in this field, is therefore a sound principle.

It is preferable in my view that maladjusted children, except in certain cases, receive schooling within the Hostel. Only thus is it possible to exercise control over all the environmental conditions surrounding the child, and ensure a background which is consistent and permeated in all its aspects by a single unifying principle. The rigid distinction between formal schooling and education in the broad sense is breaking down. The educative value of any activity, whether physical or mental, depends on two conditions: (1) it must satisfy an interest; (2) it must be on the level of the capacity of the child. In the case of the maladjusted child, above all, these two conditions of successful learning must be satisfied.

But the main weapon in the process of re-education is love. Secure in the knowledge that he is loved, and encouraged in an informal atmosphere to develop his own interests and skills—and these, in the growing child, are predominantly creative and artistic—the child's conflicts will be allayed, his tensions resolved, his self-confidence restored, and he will attain to his full mental stature.

Illustrative Cases.

PAT, aged 11, the third of four children, was referred on account of long-standing pilfering which had recently worsened, occasioning her parents grave anxiety. Psychiatric observation of Pat revealed that she harboured intense feelings of jealousy towards a younger brother, combined with hostile feelings towards the mother, and a sense of rejection by her. Confirmation came from the history elicited by the Social Worker. At the age of two when the birth of the younger brother was imminent, Pat had been despatched to the home

of an aunt. There, she was the object of considerable attention. But on returning home, she found her mother "busy with the new arrival." It happened at the same time that one older sister was in hospital and the other was ill at home. The mother could no longer display the devotion which hitherto had been Pat's prerogative. For the latter the scene was inexplicably changed. Her anger and disappointment manifested in temper tantrums, and later in an enuresis which persisted until she was six years old. This symptom then subsided, to be replaced by the more adult one of pilfering. As Pat matured, her resentment was reinforced by the unfavourable light in which she stood in relationship with her older sisters, both of whom had won scholarships and were doing well in Grammar School. Pat's backwardness in specific school subjects as reported by the Psychologist was itself an expression of antagonism towards the mother, who did not disguise the value she attached to academic success. Hence the exacerbation of stealing as the time for the scholarship examination drew near, and with it the possibility of failure and the apprehension of a renewed loss of maternal esteem and approval. Pat attended the Clinic for some time. She came gradually to understand the pilfering as a symbolic appropriation of and compensation for the love and approval which she felt her mother had denied her. At the same time, the mother's anxiety was alleviated under the skilled care of the Social Worker, and she was encouraged to modify her attitude towards Pat. Pat is now happily adjusted both to school and home.

BETTY, an only child of 5, suffered from timidity and night terrors. An intelligent child, she was oppressed by a sense of insecurity and a fear of the loss of love Her conflict gathered strength from the faulty relationship which existed between the parents. They understood the meaning of Betty's behaviour and co-operated with the Social Worker in gradually achieving some measure of mutual adjustment. Betty's tensions subsided, she became more self-reliant, and her symptoms finally disappeared.

BILLY, aged 8, referred by the School for destructive behaviour, was the illegitimate child of a mother of gentle personality but poor mentality, with whom he lived alone. His home, though material conditions were satisfactory, offered little of the stimulation upon which mental growth depends, and although he attended School, he had not matured to the extent that he was capable of deriving satisfaction from formal learning. He was "dull and backward." His energy was canalised in bullying, interfering, and damaging property—this was something he knew well how to do! Billy will ultimately go to a Special School for Educationally Subnormal pupils. But meanwhile the provision of recreational activities in the home under the guidance of the

Social Worker, and the co-operation of the School in effecting certain adjustments in the curriculum have resulted in a marked improvement.

MARY, aged 12, was referred by the School for truancy and lying. Mary was a quiet, unhappy, friendless girl. The Social Worker reported that she lived in a poorish home where confidences were not expected, yet where expectations had been high when she passed for Grammar School. The father had died a short while before, in tragic circumstances. The family was large. There was ill-health. The mother was worn and dispirited. All Mary's friends had gone to Secondary Modern School and Mary herself had wanted to go too. The Psychologist reported that Mary had been rated a poor "borderline" for Grammar School. She was of average innate ability. She read little. Her interests lay rather along social and practical lines than in book learning.

Mary's symptoms represented escape from an intolerable situation. At home, she lacked the tranquillity and stability which studying demanded. At school, she missed the contact of long-standing childhold friendships in a new environment in which she could neither identify herself with the social group nor do the work with which she was faced. Mary was transferred to Modern School, while the Social Worker continued to render advice and assistance in improving conditions in the home. A year later, her Head Teacher reported that Mary's behaviour had been satisfactory throughout."

MINOR AILMENT CLINICS.

The following is a list of these clinics:—

Clinic	Address.	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Camborne	Community Centre	2 a week
Falmouth	Health Clinic	Daily
Hayle	Passmore Edwards Institute	3 a week
Mousehole	Mousehole C.P. School	1 a week
Penryn	Infant Welfare Centre	3 a week
Penzance	Health Clinic	3 a week
Redruth	Health Area Office	3 a week
St. Austell	Health Clinic	3 a week
St. Ives	Passmore Edwards Institute	2 a week
St. Just	Cape Cornwall School	2 a week
Wadebridge	Health Clinic	2 a week

Summary of work done at these Clinics during the year—

	No. of individual children seen.	No. of attendances made during year.
Calstock ...	257	810
Camborne ...	8	43
Falmouth ...	201	593
Hayle ...	0	0
Mousehole ...	74	377
Penryn ...	453	2,283
Penzance ...	153	490
Redruth ...	19	40
St. Austell ...	11	19
St. Day ...	13	17 closed 16.11.50
St. Ives ...	10	22
St. Just ...	105	348
Wadebridge ...	80	733
	1,384	5,775

Number of sessions held during year ... 1,027

Types of new cases seen:—

Ringworm: Scalp ...	0
Body ...	14
Scabies ...	1
Impetigo ...	45
Other Skin Diseases ...	87
Minor Eye Condition ...	68
Minor Ear Condition ...	36
Miscellaneous: Minor injuries, bruises, sores, chilblains, etc. ...	1,075
	1,326

Number of children cleansed ... 58

There has been a further drop in numbers attending Minor Ailment Clinics but it is felt that these clinics are fulfilling a very useful purpose and should be continued.

SPEECH THERAPY CLINICS.

The following is a list of these clinics:—

Clinic	Address	Frequency
Camborne	Community Centre	2 a month
Falmouth	Health Clinic	1 a week
Launceston	Health Clinic	2 a month
Liskeard	Infant Welfare Centre	1 a week
Penzance	Health Clinic	1 a week
St. Austell	Health Clinic	1 a week
Truro	County Hall	1 a week

In addition the Speech Therapist attends 1 half day a week at the Royal Cornwall Infirmary, Truro.

Miss J. Rowley-Lewis, the Speech Therapist reports as follows:—

"During 1950, Speech Therapy clinics were held at the same six centres, but in addition a centre was established at Launceston and clinics were held there twice a month. The patients would of course derive greater benefit from weekly attendances, but this is impossible owing to the large area which has to be covered.

The most notable feature of the Speech Therapy Service during the past year was the marked increase in the number of patients awaiting treatment, some outstanding since 1949; this is both serious and alarming as many of these children are school leavers. It is obvious from the figures in the tables which follow that there is a very great and necessary demand for the appointment of a second therapist.

Home co-operation has been good and when time permitted home visits were made. It was interesting to note the increased co-operation which resulted; perhaps in future more time could be devoted to this most essential work.

The standard of intelligence among the children treated was fair; there were noticeably few Grammar School pupils receiving treatment.

Quite a high percentage of the dyslalic children under treatment were classified as educationally sub-normal, but the intelligence among stammerers was of average or above.

Attendances on the whole have been quite satisfactory. However, in the scattered areas of East Cornwall patients experience great difficulty in travelling by public transport and in some cases children are known to travel many miles by a round-about route to the nearest speech therapy centres. As a result their attendances are irregular.

Generally, the children have responded well to treatment and results have been satisfying; both patients and parents have been interested, keen and appreciative."

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Physiological or psychological Defects:—								
(a) Stammer ..	8	19	14	16	10	5	10	82
(b) Clutter ...	—	—	—	1	—	—	—	1
(c) Asthma ...	—	1	—	6	1	—	—	8
II. Voice Defects:—								
(a) Aphonia (complete or intermittent total loss of voice) ...	—	—	—	—	—	—	—	—
(b) Dysphonia (complete or intermittent partial loss of voice) ...	—	—	—	—	—	—	1	1
(c) Rhinophonia (Nasality of speech) ..								
(i) Hyperrhinophonia (including cleft palate)	1	3	1	1	2	1	2	11
(ii) Hyporhinophonia ...	2	—	—	1	1	1	—	5
III. Defects of Articulation:—								
(a) Dysarthria (Neuro-muscular inco-ordination) ..	1	1	—	—	—	—	—	2
(b) Dyslalia (Defective sounding of consonants)								
(i) Simple ..	4	3	2	—	6	—	2	17
(ii) Multiple ..	9	8	7	1	29	7	—	61
(iii) Sigmatism ...	—	3	2	3	2	1	1	12

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
IV. Language Defects:—								
(a) Idioglossia (own language)	—	—	—	—	—	—	—	—
(b) Delayed speech	—	2	—	—	2	—	—	4
V. Aphasia:—								
(a) Congenital word deafness ...	—	—	—	—	—	—	—	—
(b) Congenital word blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VI. Defects due to Abnormality of Special Senses:—								
(a) Deafness ..	—	—	—	—	—	—	—	—
(b) Blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VII. Probable Mental Deficiency:—	—	2	—	3	3	2	1	11
VIII. Multiple types of Speech Defect:—	—	—	1	—	1	—	—	2
Total:—	25	42	27	32	57	17	17	217

	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Cases in attendance at beginning of year ...	7	14	12	15	10	15	10	83
II. New cases admitted during the year ...	12	6	4	9	5	6	7	49
III. Cases awaiting treatment ...	8	22	12	10	40	—	7	99
IV. Cases showing marked improvement ...	3	5	2	4	6	7	4	31
V. Cases permanently discharged cured or improved ...	5	7	4	9	3	7	4	39
VI. Cases provisionally discharged prior to permanent discharge ...	1	—	2	1	1	2	1	8
VII. Cases ceased to attend ...	—	3	2	2	2	3	1	13
VIII. Cases still in regular attendance ...	14	10	10	13	10	11	12	80
IX. Total Number of Attendances	162	376	365	420	295	280	201	2,099

DENTAL CLINICS.

The following is a list of these clinics:—

Clinic	Where Held	Frequency
Bodmin	The Priory	2 days a week
Bude	The Castle	S.D.O. visits each 6 weeks
Callington	Pannier Market	1½ days a week
Camborne	Community Centre	4 days a week
Falmouth	Health Clinic	Daily except Wednesdays
Hayle	Passmore Edwards Institute	As required
Helston	Meneage House	As required
Launceston	Castle Green	S.D.O. visits once a month
Newquay	St. John Ambulance Hall	1½ days weekly
Penryn	Town Hall	Each Wednesday
Penzance	Health Area Office	Daily
Redruth	Health Area Office	Daily
St. Austell	Health Clinic	As required
Saltash	Church Hall	2 days a week
Torpoint	Health Clinic	1 day a week
Truro	Fire H.Q.	Daily
Wadebridge	Health Clinic	2 days a week

Mr. K. Batten, the Chief Dental Officer reports as follows:—

"Because the same staff operates both portions of the Dental Service provided by the County Council for the priority classes, this report is presented under two headings.

1. School Dental Service (Education Act, 1944).
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946).

Staffing.

Whilst prevailing conditions have made it impossible to attract any new Dental Officers and so allow the staff to be brought up to strength, luckily no more Dental Officers have resigned during the year, and the present staff consists of 1 Chief Dental Officer, 6 Assistant Dental Officers, 9 Dental Attendants, 1 dental technician, 1 dental apprentice. One dental attendant (Mrs. Good) resigned during the year.

In addition to shortage of staff, this years work has been seriously interfered with because there has been an unusual amount of absence through sickness among the Dental Officers, resulting in a loss of 390 sessions for this reason alone, which reduced the staff available during the year to the equivalent of 1 Chief Dental Officer and 5¼ Assistant whole time Dental Officers.

It is a regrettable fact that for many years the only applications from dentists have come from people well over 50 years of age, in one case 75, and only one of these had had any experience in the inspection and treatment of school children. This total lack of young recruits over such a long period must result in serious results to the School Dental Service even if negotiations now taking place result in staff recruitment.

Dental Centres.

During the year under review much progress has been made in the provision of additional surgery accommodation, fully equipped dental centres have been opened up and brought into operation in Launceston, Bodmin, Wadebridge, Penryn, Redruth, Saltash and Callington, and the one at Torpoint is completed and will be brought into use early next year. These centres are in addition to those previously existing at Penzance, Camborne, Falmouth and Truro.

Centres of a temporary nature have also been set up and used in Hayle, Helston and Newquay. In his annual report the Assistant Dental Officer working the dental districts of Wadebridge and Newquay makes the following observations, "I feel that the Clinics at Bodmin and Wadebridge are appreciated by the parents and children, I wish I could say the same for Newquay, I think these children should have similar facilities for treatment. Accommodation is the drawback and I do hope in the future we shall be able to overcome this." (This comes from a Dental Officer who has since 1931 spent all his time working in schools and village halls and until this year has never had the privilege of working in a well equipped dental centre).

By visiting these dental centres and treating the children there on specified days each week, much time has been saved because Assistant Dental Officers have not had to travel from one small school to another setting up and dismantling equipment; all too frequently the only room available to the Dentist is also required for school dinners. When staff does become available again it will be advantageous in that they will be able to commence duties at once in these centres instead of kicking their heels, so to speak, whilst awaiting the setting up of centres and the purchase of equipment as has happened in the past.

Inspection and Treatment.

During the year, 2,596 sessions have been devoted to inspection and treatment of children attending Primary, Secondary, Technical and Nursery schools, this being the equivalent of 5½ whole time Officers. But out of a total school population of 42,136 for which the Service is responsible, it was only possible to give dental examination to 17,728.

Of these, 13,235 were found to require treatment and 8,008 actually attended and were treated, making 13.708 attendances.

Owing to sickness and other reasons 2,278 appointments were not kept and no cancellation sent by the parents, and as a specified time is allocated to each patient this resulted in much loss of time.

The treatment provided included the filling of 7,510 permanent teeth and 795 temporary teeth, the extraction of 1,442 permanent teeth and 4,987 temporary teeth (259 of the permanent were extracted for orthodontic reasons and not because of caries). The amount of treatment performed per 100 children was:—

Fillings		Extractions		Other Operations	
Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth
90	10	18	62	97	43

When compared with last year's figures, a decrease in the number of fillings but an increase in the number of extractions is shown. The acceptance rate for dental treatment has been 61% and is a decrease of 9% on last year. Both of the foregoing facts are explained by the complete breakdown in some dental districts, and the too long intervals between routine visits to carry out dental inspection and treatment, in other districts.

Other operations were carried out for 7,818 permanent teeth and 3,490 temporary ones; included under these headings are root fillings, crowns and inlays, dressings, impressions and try-ins and easing of dentures, also adjustments to orthodontic appliances and the treatment of temporary teeth by silver nitrate.

The following table shows the average amount of work carried out by the Dental Officers in Cornwall during the year, as against that done during the previous year by Dental Officers in a large town.

	Cornwall	Large Town 1949
No. Inspected ...	3,223	4,426
,, Referred ...	2,628	2,287
,, Treated ...	1,456	1,376
Attendances ...	2,492	2,863
Fillings (permanent) ...	1,365	1,138
,, (temporary) ...	144	278
Extractions (permanent) ...	262	509
,, (temporary) ...	906	2,732
Orthodontic operations (permanent & temporary)	2,056	485

Orthodontia.

The amount of irregularities and malocclusion of the teeth does not decrease and the demand for orthodontic treatment continues to increase and is very much greater than can be met. Applications have been received not only from parents, teachers and children themselves, but also from School Doctors, speech therapists and private dental and medical practitioners and therefore the waiting list is all too long. This is not at all a new feature, as in my Annual Report to the City of Bath Education Committee for the year 1913, I made the following remark, "Again a number of irregularities of teeth were met with and these I am sorry to say it is impossible, under the present conditions of the scheme, to treat, unless it is a case that can be put right by extraction. But I hope the time will come when all these defects can be properly treated."

The Assistant Dental Officer for the Liskeard and Saltash-Torpoint districts remarks in his annual report "I do not think it is an exaggeration to put the proportion of children needing orthodontic treatment as high as 1 in 10. A limited amount of this type of work is undertaken and can be increased now that the clinics are available."

It has been found most unsatisfactory to undertake any orthodontic treatment needing appliances when it is impossible for the children to attend at centres regularly for adjustments.

It was found possible to continue the treatment of 130 cases commenced in previous years and in addition treatment was started on 139 new cases.

The orthodontic treatment by appliances, of 47 children was satisfactorily completed but it was found expedient, for various reasons, to discontinue treatment of 56 children. The Assistant Dental Officer for Penryn-Falmouth states "Orthodontic cases are satisfactory this year and there are one or two classes of treatment upon which I would appreciate a consultation. As you will observe, several treatments have been discontinued owing to the parents lack of interest and non co-operation."

At the moment it has been found advisable to make use in the main of removable appliances. 125 cases were treated by extractions only.

Since the initiation of the National Health Service Act the Eastman Clinic is no longer acting as consultants to this County, and I have acted in that capacity myself giving advice whenever necessary and supervising all the orthodontic treatment undertaken. A central dental laboratory at headquarters simplifies this, and the same applies to the construction of dentures.

Dental Laboratory.

The dental laboratory continued to be fully occupied, the work done for school children being shown in the following table:—

Orthodontic Appliances (Removable)	...	302
Record and Study Models	...	454
Partial Dentures	...	48
Dentures Repaired	...	19
Crowns and Inlays	...	9

The dental apprentice appointed in September, 1948, continues to make satisfactory progress and is able to be of assistance to the dental technician. In order that a too lengthy break shall not occur between apprentices, on my advice it has been agreed to appoint another apprentice early in 1951.

General Anaesthetics.

Administrations have been carried out at the Truro, Falmouth, Penzance and Redruth dental centres during 47 sessions for 434 patients; all of these have been administered by myself.

This is a service that is becoming much in demand and is a very necessary one, but it can only be brought into use as the dental centres come into being.

In the "Health of the School Child" (1937) the Chief Medical Officer of the Board of Education remarks, "The Board have consistently urged that general anaesthetic facilities should be available in all school dental schemes. It is a poor advertisement for the school dental service if the members of the staff have to recommend that this form of treatment should be obtained elsewhere, e.g. in hospital. In these circumstances, parents are likely to regard the dental clinic as capable of dealing only with the simpler manifestations of dental disease."

In the "Health of the School Child" for the years 1946 and 1947 the Chief Medical Officer of the Ministry of Education remarks "As compared with the period immediately before the war, there has been a striking increase in the use of oxygen combined with nitrous oxide for general anaesthesia in school dentistry. Many authorities have provided one or more of the various excellent machines now available which are designed to deliver a flow of accurately mixed gases for maintaining continuous anaesthesia by the nasal route. It is unfortunate that in a number of instances dental officers have failed to take advantage of the benefits of this method and have used the new apparatus simply to administer 'single-dose' anaesthesia by means of a face-piece. It is, therefore, suggested that Authorities might arrange

for those of their dental officers who are not conversant with nasal anaesthesia technique to obtain practical instruction at a dental school for a brief period, if they so desire. Such a course is justified by the benefit to both patient and dentist of unhurried operating, and of all necessary extractions being completed in most instances at one sitting.

The principle that, except in cases of special urgency, the same officer should not administer a general anaesthetic and also perform the extractions should be strictly observed . . . . "

One Assistant Dental Officer states "It is gratifying to know that general anaesthesia is available for the cases who have to be treated by this type of anaesthesia, and to the ones who prefer it, confidence being gained in administering the type of treatment that appeals to the child most."

X-ray.

This service is meeting with an increasing demand from Dental Officers who are recognising its usefulness in diagnosis and in checking operative work. During the year 63 children have had 204 skiagrams taken.

In addition to the apparatus at Truro and Falmouth, a new instrument, complete with dark room fittings, has been purchased and is about to be installed in the Liskeard centre—this being of a mobile type, it will be used at various centres, one Dental Officer being deputed to convey and use it, but developing facilities will exist at each 'A' centre or district headquarters dental centre. Several of the dental attendants are now carrying out the developing of x-ray films and have had instruction in the taking of films.

Apprentices Course.

In conjunction with a Dental Apprentices Course run by the Dolcoath Technical Institute, a practical dental course in dental mechanics was commenced in September in the dental laboratory. The Technician acts as instructor, and he has already given 42 hours. The course is run on Monday afternoons, 1.45—4.45, and in addition it has been necessary for him to devote 32½ hours to preparation. A certain amount of my own time has had to be devoted to preparation and on getting the course started.

This course has proved so successful that application has been made by the Education Authority for another session, this will have to be an evening one and will meet the demand made by the extra number of apprentices now applying to enter. The day course was necessary to cope with the boys who live in places that make it imposs-

ible for them to travel at night, but the students can be rearranged now into two groups and so fit into the sessions available.

Reports from the Districts.

Dental Officer	Dental District	No. of children
W. K. Batten	St. Ives	... 11,088
	Camborne-Redruth	
	Helston	
F. H. Stranger	Penzance	... 3,302
D. A. Patterson	Falmouth-Penryn	... 3,373
K. Batten	Truro	
	Launceston-Bude	... 7,859
	Part of Newquay	
P. W. Eddy	St. Austell	... 4,053
W. H. Ellam	Liskeard	
	Saltash-Torpoint	... 7,409
F R. Taylor	Wadebridge-Bodmin	... 5,052
	Part of Newquay	

In the Falmouth-Penryn district the Assistant Dental Officer spends 4½ days a week in Falmouth and 1 day in Penryn and in so doing devotes 4½ days to the School Dental Service. This officer does no travelling other than by bus between these two centres and when appointed in October, 1948, he only accepted on condition that he would not have to travel. A similar condition was made by the Assistant Dental Officer for Penzance when he was appointed in September, 1948, and this officer spends all his time in this centre. These 2 centres have a smaller number of children in them than will be found in the mobile districts; even so, they both have a greater number of children than they could possibly deal with annually, the child population of the Falmouth-Penryn and Penzance districts being 3,373 and 3,302 respectively. In addition both these officers have dealt with an appreciable number of mothers and young children. The fact that they do not travel is rather fortunate for these 2 districts because in both a complete tour of inspection and treatment of schools has been possible in 1½ years.

The Dental Officer in charge of the Penryn-Falmouth district in his annual report states "The acceptance rate is satisfactory, being 84% and quite a large number of refusals are found to have attended their family dentist. Pre-school inspections and treatments are up this time and I think we are beginning to awaken a livelier interest in this direction."

The St. Austell dental district, school population 4,053, has been under the care of the same Dental Officer since January, 1946, who

in addition to the school children gives dental inspection and treatment, mainly during school holidays to the inmates at The Retreat, St. Columb, at the request of the Regional Hospital Board. To carry out a complete dental inspection and treatment for all the schools in this district has taken two years and this officer makes the following comments in his report "The dental condition of the children is steadily improving, especially among the younger age groups. The number of children requiring treatment in ratio to those inspected is noticeably decreasing a proof that regular treatment is making an immense difference to the dental condition and entailing considerably less operating time for each successive visit.

The acceptance rate remains about the same 65—70%, but among the younger age groups in smaller schools it has been as high as 95%.

A number of senior pupils are visiting their family dentists thereby lowering the acceptance rate somewhat.

No further treatment has been carried out for Mothers and Young Children during the current year owing to the lack of suitable accommodation and equipment. It is hoped that in 1951 an up to date clinic will be established in St. Austell thus enabling all branches of my work to be carried out.

Boarded out children and those in Childrens Committees Homes have been inspected every 6 months and any necessary treatment carried out during the school holidays, their dental condition is particularly good."

In the Wadebridge-Bodmin and part of Newquay district, school population 5,052, the acceptance rate has been 60% and it has taken 2 years to give complete inspection and treatment to all schools in the district. The Officer for this area divides his time between clinics in Bodmin, Wadebridge and Newquay and also treats in certain schools difficult of access.

I have described the work done in the smaller districts first and quoted the remarks of the dental officers in charge of them to show that where the number of patients under the care of one dental officer has been kept within reasonable limits, dental conditions have remained fairly satisfactory, although in all those instances the period between treatments is far too long.

I am afraid the remainder of the report is of a rather more gloomy nature.

The two dental districts of Liskeard and Saltash, school population 7,409, have been under the care of one Dental Officer and in his report he states, "This district is practically that of the No. 7 Health Area and of the S.E. Cornwall Education Area, and is staffed by

1 Dental Officer and 1 Dental Attendant, whose duty it is to provide full, comprehensive treatment for the Priority Classes. (N.B. This area formerly had 2 Dental Officers and 2 Dental Attendants to provide simple treatment for school children only).

Dental treatment for Mothers and Young Children is not stressed although none has been refused. Very little work has been done in this field. A demand could easily be stimulated but it is manifestly impossible for one man to do twice as much as two men previously attempted to do. Any treatment of mothers must obviously be done at the expense of neglecting the children. Mothers are however encouraged to bring their younger children to the clinics at the earliest possible age. 1950 has been noteworthy for the opening of 3 well equipped clinics and the near completion of the fourth." This Officer has made regular weekly visits to those 3 centres and treated the children there, but it has also been necessary for him to give treatment at schools in the more remote parts of the district. The 3 districts of St. Ives, Camborne-Redruth, and Helston, school population 11,088, have been under the care of one Dental Officer, and in his annual report he makes the following observations. "The year 1950 has been a very busy one, although not entirely successful, it has been necessary for me to cover a large area, entailing a considerable amount of unpacking and packing of kit, which on many occasions only allowed time for work of a casualty nature to be carried out to the large numbers requesting treatment. Several gas sessions have been held during the year. A few nursing and expectant mothers have been treated and supplied with dentures successfully."

Truro, Launceston, Bude and Newquay country district, school population 7,859. It has fallen to my lot to be responsible for all the clinical work carried out in the 3 dental districts of Truro, Launceston and Bude, and Newquay (country), in addition to my administrative and other duties, and I have found it necessary to give 208 half day sessions of my time to Administrative duties.

It is unnecessary to point out the futility of attempting any routine inspections, my hands have been kept more than fully occupied in dealing with those patients, children and mothers who have either requested or been sent from various outside sources. Rather a long waiting list of mothers still exists. I have made visits to Launceston and Bude as frequently as possible in order to deal with cases of an urgent nature and to continue treatment for those Orthodontic cases commenced by the previous Dental Officer for this district. It has been impossible not to take on new cases, but I have kept these to a minimum, it would be all too easy to fill one's whole time with this type of dentistry and still not be able to undertake all asked for. Even now I have 94 Orthodontic cases in hand.

As stated previously it has been necessary for me to administer all the general anaesthetics given.

From the foregoing remarks it may be judged that the provision of any semblance of a general routine dental treatment has been precluded, and made much of the examination of children in school appear unnecessary, as over the greater portion of the County any extensive measure of remedial treatment has become impossible.

Mothers and Young Children's Dental Service.

As will be gathered from my previous remarks, the inspection and treatment of nursing and expectant mothers has still only been possible in the main in the Truro, Falmouth and Penzance areas. In all, 191½ sessions were devoted to the inspection and treatment of mothers and young children.

133 Mothers (50 expectant, 83 nursing) were inspected.
131 ,, (50 ,, 81 ,,) were referred for treatment.
131 ,, (50 ,, 81 ,,) were actually treated.
534 ,, (140 ,, 394 ,,) attendances.
151 broken appointments.

The treatment provided for mothers comprised of 134 Fillings, 301 Extractions, 402 other treatments. 27 received Scaling and gum treatment. 4 were X-rayed.

24 were treated by prolonged nasal general anaesthetic.
101 dentures (46 full and 55 partial) were supplied to 69 mothers and 95 denture dressings were carried out.
102 were rendered dentally fit.

Several of the partial dentures involving front teeth were of an immediate type—which means that the dentures were made prior to the extractions of the teeth—and inserted in the mouth immediately following the extractions and before the patient has recovered from anaesthetic. This is a very popular form of treatment as the patient is at no time without front teeth.

The above number of dentures and the 4 repairs to dentures are in addition to the Laboratory output previously shown, so that the total number of dentures turned out by the laboratory during the year was 149 and 23 repairs.

214 pre-school children were inspected and 140 referred for treatment, 136 being actually treated, and these made 273 attendances. 4 appointments were not kept. The treatment given to these children consisted of:—

72 Fillings Temporary Teeth.
64 Temporary Teeth Extracted.

225 Other Treatments of which 168 were teeth rendered self cleansing and given a Silver Nitrate treatment.
2 Children were X-rayed and 8 given General Anaesthetic.
78 children were made Dentally Fit.

Only a minimum of work for Mothers has been undertaken because it is felt that with the staffing condition as it is, it could only be carried out at the expense of the children; this tends to prove what a large amount of treatment is likely to be called for when all the dental centres are fully manned and the availability of this service brought to the notice of the Mothers; which could be done by Dental Officers giving a certain amount of their time to Dental Health Education especially in Welfare Centres and at Parent-Teachers Associations. Before the last war, in the industrial areas especially, much good to the Mothers and children resulted from work of this sort.

It has been the policy to call on the Ambulance Service as little as possible and mainly when general anaesthetics have been administered to patients coming from a distance. Patients are expected to and do come to the various centres by bus or train where convenient services exist. In the more remote districts Dental Officers have still had to visit and treat in the schools taking equipment of a mobile nature with them.

I should like to thank the members of the dental, medical and administrative staffs for their support, also the Ambulance Officers who have shown such help and patience on the occasions they have been approached for transport."

ORTHOPAEDIC CLINICS.

These clinics were transferred to the Regional Hospital Board in December 1948 and a considerable number of school children make frequent attendances at these clinics.

However, to relieve congestion at these clinics, a scheme for Remedial Exercises in Schools has been started in the St. Austell Education District and it is hoped that this will be extended to the other 7 districts within a few years.

Reference is made to this in the report of the Senior Organisers of Physical Education on page 57.

OPHTHALMIC CLINICS.

These clinics were transferred to the Regional Hospital Board on 1st July, 1949, and a new Ophthalmic Specialist for the West Cornwall Hospital Management Committee's Area (Dr. K. Rostron)

was appointed in May 1950 in the place of the specialist who resigned in October 1949. There were of course considerable waiting lists at each of the clinics when Dr. Rostron commenced his duties but I am happy to say that these lists have now reached reasonable proportions.

At the same time as the new specialist assumed his duties in the West Cornwall area, the Plymouth, South Devon and East Cornwall Hospital Management Committee, agreed to take over the responsibility for seeing cases in the Eastern part of Cornwall and the arrangements for running the clinics in this area are now most satisfactory.

During the year the position regarding the delay in the supply of spectacles improved immensely and by the end of December a large number of children were receiving their glasses within a month of being examined at a clinic.

EAR, NOSE AND THROAT CLINICS.

These clinics were taken over by the Regional Hospital Board in 1948.

In June 1950 the E.N.T. Specialists agreed to send me a copy of their reports on the children seen at these clinics so that the School Doctors who referred the children to the clinics could be informed of the findings of the Specialists and also any cases requiring observation or treatment could be kept under review.

There are still considerable numbers of children awaiting operations for Ear, Nose and Throat Defects.

CLEANLINESS.

At the monthly inspections of children's heads by the Nurses, 262,332 inspections were made and 1,686 children were found to be unclean which is 265 less than last year. The number of children requiring compulsory cleansing (on the instructions of the School Medical Officer) was 22—this is 9 more than in 1949.

INFECTIOUS DISEASES.

There was a slight increase in the number of cases of diphtheria during the year 1950. 16 cases being notified compared with 4 cases in 1949, 28 in 1948, 42 in 1947, 155 in 1946.

98 cases of Anterior Poliomyelitis (Infantile Paralysis) occurred during the year, 48 of these cases being school children.

The number of cases of measles was 668 compared with 3,569 in 1949 and 2,238 in 1948.

There were 729 cases of whooping cough compared with 641 in 1949, and 1,372 in 1948.

The number of cases of scarlet fever was 263.

Acute rheumatism became a notifiable disease on the 2nd October, 1950, and 3 cases were reported in Cornwall up to the 31st December, 1950.

A considerable outbreak of infective hepatitis occurred in the West Penwith peninsula during the autumn and winter of 1949—1950.

Dr. Hargreaves, who has investigated the epidemiological aspects of the outbreak has written the following:—

"Infective hepatitis, the epidemic catarrhal jaundice of early writers is a comparatively common disease during the autumn and early winter months and is liable to appear as small epidemics, especially amongst school children in rural areas.

Little is known of the epidemiology of the disease, the incubation period is long, being 28/40 days, the causative agent is probably a virus which is discharged in excreta and urine; it can thus be transmitted by contamination of food or water, but the possibility of spread as a droplet infection from naso-pharyngeal secretions cannot be excluded.

Many attempts have been made to transmit the disease to animals but with the possible exception of pigs, no susceptible animal has been found. It may yet prove that some domestic animals are capable of harbouring the virus in non-epidemic times, thus accounting for the mainly rural distribution of the disease.

The first case of jaundice occurred on the 2nd October, 1949; a girl of twelve attending St. Just School and living at an isolated farm some three miles from St. Just. The hygiene of the farm was unsatisfactory, but fortunately all the milk goes to the dried milk factory. Scouring, a form of gastro-enteritis, had been prevalent amongst cattle in West Penwith, but no cattle were affected at the farm in question until December. Moreover, enquiry from the veterinary surgeon in Penzance, showed the affected farms to bear no relationship to the subsequent cases of infective hepatitis.

For some time the outbreak remained confined to St. Just School. Every effort was made to prevent possible spread by food or water. The canteen at the school is new and well-run; special precautions were taken with regard to washing-up, and all drinking water was boiled. The communal tap in the playground was closed. Additional towels and soap for lavatory basins were provided; lavatory seats, chains, etc., were disinfected. Children were excluded from school at the first sign of illness.

In all, there were 56 cases at St. Just School. Spread to the surrounding areas occurred but not to the extent one would expect; there were also several cases amongst adults living in the same household or in close contact with infected children.

Tracing the serial infection of cases is often made difficult by the fact that a number of sub-clinical or abortive cases occur, many of which are undoubtedly missed. The proportion of abortive to clinical cases is probably about equal. Symptoms in such patients are mild and visible jaundice is absent. This was well illustrated by a group of cases at Lamorna Cove of which the Family Doctor kindly notified me. 'A', a girl of 16, who attends St. Buryan School, developed jaundice on 2nd February, 1950. There had been no cases at the school, but on inquiry I found one previous case in Lamorna Cove namely 'D', a boy of 19 who lives opposite 'A' and sees this family frequently, he developed jaundice 39 days before 'A'. 'D's' fiancee, who lives near Porthleven, developed jaundice on 29th January, (35 days). She had been with 'D' the day he was taken ill and subsequently visited him three times a week.

I was still uncertain where the boy 'D' had contracted the illness until he told me of two children who often came to play with his younger sister, the elder of whom went to St. Just School. This child gave no history of illness but it was possible that she was a sub-clinical case and acted as a carrier.

It is hard to judge the effect of the preventive measures taken during the outbreak, the long incubation period, the uncertainty regarding the mode of passage from one individual to another, together with the knowledge that at least an equal number of asymptomatic cases occur to every case of jaundice, makes prevention extremely difficult; nevertheless, much experience was acquired which will be of use in future outbreaks."

DIPHTHERIA IMMUNISATION.

Each School Nurse is responsible for the immunisation state of the schools in her area, and she arranges with the Assistant School Medical Officer when a session is to be held. The satisfactory level of immunisation against diphtheria is largely due to the personal efforts of the School Nurses in persuading parents who would otherwise be indifferent to, or careless of, the welfare of their children.

The primary doses of diphtheria prophylactic are usually given when children are approximately 8 months old, the first 'booster' dose at between 4 and 5 years of age and the second 'booster' dose between 9 and 10 years of age.

Children can, if their parents wish, be immunised by their family doctors, but a large part of the Diphtheria Immunisation is carried out by the School Doctors whether of the under 5's in the Infant Welfare Centres or of the over 5's at the schools.

The table below shows the work carried out during the year.

Primary Immunisation		Boosters
Under 5	5—14	
3,090	816	5,118

NURSING SERVICE.

Miss A. White, the County Nursing Officer, reports as follows:—

"The Nursing Staff plays a very important part in the School Health Services. In the urban areas the full time Health Visitors attend the school medical inspections, hygiene inspections, immunization and minor ailment clinics, and follow up any children in their own homes who need special advice. In the course of their home visiting it is possible for the Health Visitor to carry out a certain amount of individual health teaching

In the rural areas it is impossible to supply full time Health Visitors for the work because of the long distances to be covered, and it would be financially uneconomical and wasteful in staff. Therefore the work is carried out by the District Nurse, who, because she knows the whole background of the family life in her district, has great opportunities of improving the health of the school child."

Miss White has also supplied the following statistics:—

School Cleanliness Inspections carried out during 1950:
District Nurses 2,194. Health Visitors 950. Total 3,144.

School Medical Inspections carried out during 1950:
District Nurses 362. Health Visitors 394. Total 756.

Cleanliness and Medical Follow-ups to Schools and Homes: 5,523.

Number of Full Time Health Visitors doing School Work: 24.

Number of District Nurses doing School Work: 91.

HOSPITAL SCHOOLS.

Number of "long stay" cases who have received tuition while under treatment in Hospitals:—

At Tehidy Sanatorium	...	15
At the Royal Cornwall Infirmary	...	19

The teaching, at these hospital schools, is kept under constant review as it is realised that the education of children who are in hospital for long periods is most important.

OTHER WORK OF THE ASSISTANT SCHOOL MEDICAL OFFICERS.

In addition to the routine medical inspection of children in schools, the Assistant School Medical Officers performed the following duties during the year:—

Examinations of children for admission to Disabled Persons (Employment) Register	...	6
Examinations of children for part-time employment	...	83
Examinations of Boarded-Out Children and Child Life Protection cases	...	1,205
Number of sessions at Infant Welfare Centres	...	792
Examinations of staff for superannuation purposes	...	80
Examinations of Blind Persons	...	133

REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS.

The following notes on the Service in general are extracted from the reports of the Assistant School Medical Officers.

Dr. D. Chown: Penzance Area.

"Once again the condition of the children at the routine Medical Inspections has been found on the whole to be satisfactory. Most of the younger children are accompanied by their mothers, and the parents appear to welcome the opportunity of discussing their problems with a doctor.

Cleanliness.

There is still a hard core of problem families whose children are dirty, untidy and not so well nourished as the majority, and are constantly verminous. The compulsory cleansing provided for in the 1944 Act seems difficult to carry into practice, and these same children are repeatedly excluded after being examined by the Assistant School Medical Officer and are temporarily improved, but relapse again and remain a constant source of infection to other children.

Defective Vision.

This is now being dealt with more promptly and there is no longer much delay in obtaining spectacles.

Tonsils.

Many children have been waiting very long periods for Tonsillectomy.

Jaundice.

Epidemic jaundice of a mild nature broke out in St. Just in December 1949 and school attendance was much reduced by it. The infection spread to surrounding villages, and cases continued to occur in Penzance and Heamoor throughout 1950.

Sanitation.

This is being improved in several schools, but washing arrangements are inadequate in many schools, this is very bad from the educational stand-point apart from immediate hygienic needs."

Dr. M. V. Joscelyne: Helston Area.

"Nutrition.

The state of nutrition in this area is very definitely improving.

I find very few "C" cases in these days; but there are a considerable number of children that I could place between categories "B" and "C"—children in whom no serious nutritional defect can be found, and yet, in whom a slight lack of vitality or alertness is noticeable. The effect of these is sometimes accentuated by mild postural defects, bu. it is possible that it may be due to some deficiency in their food.

Special Defects.

I find, on going through the Special Defects cards, notices from hospitals, etc., for the schools in this area, that, as one would expect, the greatest number of these are for visual defects. The next greatest number are for E.N.T. defects; next come educationally subnormal children, followed by heart cases chiefly of the congenital type. The next largest batch of cards are for tuberculous defects, including both pulmonary and glandular lesions; lastly come serious orthopaedic defects. The number of cards for any other single defect is negligible.

There are, in all, a surprisingly small number of serious defects in this area.

Helston Infant Welfare Clinic

This goes forward steadily; many mothers come from great distances (such as Prah Sands, Ruan Minor, Gweek and Stithians) and so the attendances are, of necessity, governed by weather conditions.

The people of Helston are still rather slow to avail themselves of the service; but a lead has been given them by the mothers of the Admiralty Housing Estate, many of whom come from up the country and so are accustomed to attending clinics.

School Buildings and Sanitation

Much excellent work has been done in this area; but the difficulty of water supplies has in many country districts not yet been overcome.

School Meals.

We have some excellent canteen buildings, and from most of them very good meals are served."

Dr. J. D. McKellar: Newquay Area.

"General Health of Children.

This on the whole is good and there are fewer children of "C" nutrition and they are usually from the problem families. Posture and physique in the "leaver" group still leaves much to be desired and many of these children would benefit by more physical culture. Clothing:—Most children are well, and sensibly clad but there appears to be some decline in the standard of footwear, many children in the winter spend the day at school with "Wellingtons" on, whilst many boots and shoes are in need of repair, this I presume is due to high prices of leather.

It is satisfactory to note that we continue to get a high percentage of parents at inspections and at most schools there is 95% attendance at the 1st routine inspection, this slows down work but I am sure it greatly adds to the value of inspection, as we have an excellent chance of health education.

School Buildings.

There have been quite a number of alterations and improvements in a number of schools in my area but there are still a great number which are in urgent need of modernising. The lack of a main water supply in many cases appears to be the chief obstacle (apart from the finance).

In one or two schools artificial lighting has been installed; this also helps towards improving the standard of cleanliness as it is very difficult for the caretakers in winter to do efficient work without artificial light.

Canteens.

This service is being extended; a new canteen was opened at St. Columb and Serveries at Chyvelah, Blackwater and Mithian. There is urgent need for a canteen at St. Mawgan C.P. where there are about 50 Infants, many of them coming from St. Eval. There are still numerous schools where meals are served in classrooms.

Eye Clinics.

There is a great improvement in the time children have to wait for glasses and in many cases it is only 6—8 weeks. One thing which is disappointing is the number of children who lose or break their glasses within a few weeks of receiving them, needless to say the boys are usually the culprits.

Ear, Nose and Throat Clinics.

It is very helpful to get full reports of children referred to these clinics and adds considerable interest to our work.

Educationally Subnormal Children.

This is still a very urgent problem and we are still awaiting the promised opening of Cornwall's Special School. These children are a great trial to the staff.

Diphtheria Immunisation.

I have not yet completed all the schools in my area due to my own absence and the outbreak of poliomyelitis in the Summer. The response however has been very good in those areas which were done."

Dr. J. D. McMillan: Liskeard Area.

"School Buildings.

Many schools in this area still have no artificial lighting and as these are usually old buildings the windows are high reducing the available light still further for work at desks. In these schools there is insufficient light for working on some days and valuable teaching time may be lost.

Main water supply has been laid on to some of the country schools recently but in many the facilities for washing are still poor.

The general condition of the buildings is unchanged and leaves much to be desired. For the most part the church schools require a lot of general repair work.

Canteens.

There are canteens at all schools except two in this area. The standard of cooking is good but some of the canteen buildings are giving trouble from damp.

Health of School Children.

There has been no real outbreak of infection in this area in the past year, but the incidence of upper respiratory infection rose during

November and December causing poor attendances in latter half of Christmas term.

Special Defects.

The majority of children requiring Specialist opinion had eye, ear, nose or throat defects.

The time lag in the supply of spectacles has been reduced and reports from hospitals are now being received.

Orthopaedic Defects.

Few new cases have been referred to clinics though there are a number of children now attending orthopaedic clinics as a result of anterior poliomyelitis. The follow-up care of these children appears very satisfactory.

Educationally Subnormal.

Conditions are unchanged in regard to these children and their presence in primary schools leads to many problems where all the individual attention they require cannot possibly be given to them.

Diphtheria Immunisation.

The campaign to increase the immunisation rate has been continued this year by holding special sessions in most of the primary schools, with special attention to school entrants. The response by the parents has been satisfactory.

Infant Welfare Clinics.

These continue to be well attended with one exception and that clinic has now been closed. One new clinic has been opened in the area and the local response has been very satisfactory."

Dr. G. D. K. Needham, Camborne-Redruth-Hayle Area.

"School Inspections.

Thanks to the interest taken by teachers, arrangements for school medical inspections have worked very smoothly. Attendance of parents has been increasingly good among older children, reaching over 90% in one Junior School; as always, attendance at Infants Schools is high. As the value of a medical inspection is doubled by the attendance of parents, it is hoped that more and more will come.

There can be no doubt that the personal interest taken by Health Visitors in their capacity as School Nurses has made the work

much easier, especially where parents of children with defects have not attended inspections.

The Children.

Very few category "C" children were seen. On the whole the condition of infants was excellent, that of juniors good; some evidence of underfeeding was seen in the leavers. In general, girls seemed better nourished than boys, especially in the older groups.

The standard of cleanliness was high, very few cases of infestation were seen, though fleas are still a plague in some families.

Vision.

Glasses are coming through more quickly, and many children on entry are found to be already under treatment since early infancy through their private doctors.

E.N.T.

Even excluding cases retained for observation only, more children were referred for treatment of enlarged tonsils than any other condition.

Deafness.

It was pleasant to find several parents requesting special education for deaf children; it is becoming realised that such children stand little chance of happiness without such training.

Orthopaedic.

Many children were found to be attending clinics regularly without much improvement, and thus losing one half-day of school for each attendance. It is thought that where exercises are prescribed these should be taught to child and parent to be carried out at home and that the condition should be reviewed at longer intervals than weekly or fortnightly.

E.S.N. Children.

Large numbers of such children are still a problem in schools; it is hoped that there will soon be provision for their education outside the normal school system.

Cardiac investigations.

Many children with non-significant apical systolic murmurs were removed from restrictions and from special lists. I feel that nothing but harm can result from regular examination of such children. Very helpful reports were received from specialists seeing such children, and also those with heart lesions.

School Buildings.

Many buildings are old-fashioned in heating, lighting and sanitation. Artificial light in particular is still almost a rarity, even though many schools are close to main power supplies; poor lighting invites the development of bad posture and reading habits in children at work in what often amounts in winter to semi-darkness.

Sanitation and washing facilities are often found to be poor; only by education of children to appreciate good sanitation will there be derived any impetus to improve general sanitation in the area when these children become the rate-payers and councillors of the future.

School Meals.

In most cases these are delivered in containers from a central kitchen; this food is calorifically good but tends to lose in attractiveness by being overlong in these containers. Certainly the most attractive meals were seen in schools which prepare and serve food in their own kitchens.

Milk Supplies.

A high percentage of children take their milk daily. Supplies are good."

Dr. J. Reed: Bodmin and Wadebridge Area:

"General.

During 1950 infectious diseases were particularly active amongst the school children in Area 5. Scarlet Fever and Sore Throats occurred thoughout the year, commencing in the Port Isaac district in April and May, and appearing in Bodmin and district schools towards the end of the year. Mumps made its appearance in the Bodmin area around July, extending to the neighbouring rural schools by September —October, and affecting the coastal schools, e.g. Padstow and St. Merryn, in December in large numbers. Whooping Cough occurred in small numbers of children throughout the Area, but was very marked in the St. Mabyn and Padstow schools.

The transfer of School Medical Cards to the Health Area Office has greatly improved the accuracy of follow-up, in relation to observed defects. During 1949, a total of 187 re-inspections were made during the second half of the year. In 1950, following the transfer, 622 such inspections were made. In addition the records are more accurately kept, correspondence more easily achieved and information more readily available.

Premises.

Little significant change occurred during the year. In general the sanitary arrangements in rural schools are as good as local conditions allow, and until such time as piped water supplies and sewerage schemes become available, little change can be expected. In most urban schools the essential services are available and improvements could readily be achieved, as has been done in a few instances. The provisions for routine medical inspections of children in all schools is unsatisfactory.

Routine Inspection.

1,139 children were seen at Routine inspection, and of these 887 were classified into appropriate nutritional groups. 331 were considered A, 538 B and 18 C. Many factors operate in determining the nutritional state of children and the grouping in A & B may have no particular significance. The proportion of C, which usually signifies malnutrition is small and is limited to problem family children.

Defects.

As usual the greatest number of defects requiring treatment or observation fell in the Visual and E.N.T. groups, with a moderate proportion of minor orthopaedic defects. The vast majority of these latter problems could readily be prevented or remedied by suitable training facilities in the schools.

Handicapped Pupils.

Eleven additional children were classified as handicapped during the year, the greatest proportion in the Educationally Sub-Normal category. The number of children requiring investigation in this group is still large, and only the more obvious cases have so far been tackled. The lack of provision for those requiring special school treatment remains a further handicap to pupils and teachers.

Three classified pupils were considered as no longer handicapped, and recommended to be removed from their respective categories.

Diphtheria Immunisation.

Immunisation was carried out in the second half of the year at the time of the special visit to schools. Inoculation was performed on 544 pupils."

Dr. L. Rich: Launceston and Bude Area.

"Routine Medical Examinations.

The basis of the School Health Service is the routine medical inspection. It is here that the School Doctor has an opportunity of

assessing the physical condition of a school child; where too, he may have the opportunity of meeting the parent and discussing various aspects of the child's life, particularly in relation to the school environment, and also an opportunity is afforded of detecting minor medical defects which, from experience, we know, if checked early will prevent serious trouble.

Health Education.

There can be no better environment for imparting Health Education than in the school. It is my opinion that wherever possible the School Doctor should endeavour to give a general lecture, illustrated by talkie films or film strips on the various aspects of Health Education.

Infectious Diseases.

Poliomyelitis has been very prevelant in this Area during the year, particularly in the Bude Urban District and Stratton Rural District. Over the whole area there were 23 notified cases of Poliomyelitis and 16 of these cases were among school children. The alarm caused by this epidemic was considerable and was the cause of a good deal of absenteeism from school. In addition there was complete cessation of Immunisation, Vaccination and Tonsil operations, with the result that we are now faced with a very busy period making up for lost time.

Ringworm.

We have been faced with a very marked increase in the number of cases of Ringworm amongst the younger element of our school population. As all the cases were invariably caused by the human parasite, M.Audouini, a routine check of all school children by means of a Woods Lamp was carried out as an experiment in one of the schools in Launceston. I have to report that as a result of this examination, eight previously undetected cases of Ringworm were discovered. There can be no doubt that there is a definite reservoir of undetected infection in our schools for which no blame can be attached to our School Nurses for not recognising. The only method in which Ringworm can be definitely diagnosed is by using a Woods Lamp, and I strongly recommend that the School Medical Service be provided with one.

Sanitation in Schools.

Full detailed Sanitation Reports have now been submitted on most of the schools in this area. There are many schools which are excellent in every respect. There are others, however, which are very poor and every effort must be made to bring them up to what everyone recognises as a decent standard.

Clinic Arrangements.

The Clinics in this area are working very well and there has been a noticeable improvement in the services of the Ophthalmologist, with the result that our waiting lists are practically non-existent.

Dental Service.

I must end this report as I have ended my previous ones with a plea that something should be done to revive the Dental Service in this area. It is very doubtful whether the recent award to School Dentists will do anything to attract more qualified men into the Service, and it looks as if we have reached the end of this very valuable School Dental Service. There is nothing which exists at the moment that can replace it. Unless dental inspection and dental treatment is taken to the child so that preventive measures can be carried out, we are almost certainly storing up a great deal of trouble for the future. Only a small proportion of parents take their children as a routine to the dentist. Much is done during routine Medical Inspections to encourage parents to take advantage of the present Service, but only a proportion do so. There is a reluctance on the part of some dentists in General Practice to deal with children, although there are many good dentists who do all they can for the school child. The result is that, on the whole, the teeth of school children are being neglected."

Dr. B. Roberts: Truro-Falmouth Area.

"My report on the complete year's work in the School Health Service can only be in the nature of an impression; I can make no comparisons with previous years, having entered this branch of preventive medicine straight from general practice.

School Medical Inspections.

I am greatly impressed by, in general, the co-operative attitude of the teachers, who, in spite of the inevitable disruption of their general routine caused by these inspections, nevertheless attach great importance to their value. The conditions under which the routine examinations are made may vary considerably from school to school and the ultimate goal of a separate medical inspection room with an adjoining undressing room for the children in every school is, as yet, an ideal far from being realized.

Parents also value these inspections and the percentage of those who are present is very high, particularly with the first routine age group, but, as is unfortunately so often the case, the very parents one particularly wants to see are just the ones who fail to attend.

Again, I have also been struck by the excellent spirit existing,

on the whole, between school and family doctor. The friction which one might have expected to result from a certain overlapping and reduplication of services arising from the National Health Service seems to be at a minimum, and, in general, a satisfactory relationship is being maintained.

The general condition of the children seen at the schools is very good; the percentage of those in Category "A" is high. One seldom sees children of the poor nutritional standard so frequently observed say twelve years ago. I feel sure that the provision of free milk and the existence of the School Meals Service have largely contributed to this agreeable result.

I have been rather surprised by the high incidence of flat feet in the school children I have examined, and I wonder whether this may not be due to the increasing use of crepe-rubber soled footwear and of Wellingtons.

Before joining the School Health Service, I did not realise the seriousness of the problem of educationally backward and retarded children,—the E.S.N. problem. The presence of these children (in large numbers) in the ordinary classrooms of the ordinary primary and secondary schools puts an almost intolerable strain on the teachers, and is unfair both to the retarded children and to the others. The promised opening of the Special School at Pencalenick will, I hope, relieve some of this tension.

School Canteens.

Those that I inspected were, almost without exception, excellent. The meals provided are very good, and, whatever views one may have about the national provision of all kinds of services and benefits, this, the School Meals Service, is beyond praise and certainly one that has been of great value to the children of this country both from the point of view of nutrition and of social education.

Infant Welfare Clinics.

These are fairly well attended, and, in spite of the fact that one is, too often, asked not for advice or help, but rather for a "second opinion" yet, on the whole, useful work is done, and their existence, in some measure, eases some of the strain on the hard-pressed general practitioners."

Dr. W. M. Ryan: St. Austell Area:

"Nutrition.

The state of nutrition calls for no special comment. It appeared to be satisfactory in spite of certain food shortages; school children

are well provided for by their canteen dinners most of which are of high quality.

Defects.

The majority of defects noted at Medical Inspections were of a minor character—mainly visual, ear, nose and throat, postural and minor foot conditions, and with the advent of Remedial Exercises in schools we shall expect to get early improvement in mild postural and foot defects. Postural defects are far too numerous at present.

The new Physical Education now well established in some areas is gradually extending its scope and I hope it will soon be possible to cover the whole county. The general exercises, quite apart from the Remedial Group are undoubtedly of great value to a growing child. I think that anyone who has seen the demonstrations must agree with this, and obviously the child finds the performance of these carefully graded exercises much more interesting and satisfying than the old P.T.

Teachers appear to be responding well to these new demands on their time and efforts and they specially welcome the opportunity to avoid the loss of school time spent at the Orthopaedic Clinic for Remedial Exercises.

Visual Defects.

There is a noticeable improvement in the waiting period for spectacles after they have been prescribed—though it is still too long and causes considerable hardship in some cases. Still far too many children do not wear their spectacles regularly and many ill-treat them and have to wait long periods for repairs.

Ear, Nose and Throat Defects.

It has been instructive to note the number of children whose enlarged tonsils tend to subside as they get older and cease to require operative treatment. Undoubtedly the conservative treatment now more generally recommended, is proving its case; but with regard to adenoids. I feel that the case is somewhat different. They should not be allowed to develop over a long waiting period, as they cause persistent mouth breathing, nasal catarrh, faulty posture and other attendant defects from which recovery is often never complete.

Skin.

Few skin conditions are seen to require much treatment nowadays. Impetigo is becoming almost rare and the more chronic skin conditions such as Eczema and Psoriasis are seldom recorded.

Last year I noted the prevalence of urticarial rashes during the summer and autumn months. I saw fewer cases this year both among children and infants and it would seem that the poor summer, with much less heat and sunshine than the previous year, may even have been a factor in this. Investigation into the periodicity of urticaria and in relation to climatic conditions and diet and possible lack of calcium and other minerals might be worth while. Excess of sugar intake may possibly be another causative factor. I have noted this in infants and also during the soft fruit season in older children.

School Buildings.

There has been some improvement in conditions and I understand that much more is contemplated in the near future and this is welcome news, but it is realised of course that the old buildings do not always justify or even permit expensive new sanitary and drainage schemes.

New schools that are in course of construction, or are contemplated, will not be so confined as the old schools—many will perhaps be in open spaces with the full advantage of air and light and sun and it is hoped that there will be proper provision for drying wet clothing as well as greatly improved lavatory and washing accommodation.

I hope that the new Venetian Blinds which are being installed in some new schools in other parts of the country will be found in our schools—even if only to a limited extent. These blinds can be easily and delicately adjusted to admit plenty of air and light and yet keep out glare which is so trying to the eyes and so disconcerting. The blinds are clean-looking and attractive—quite different from the old type.

Infantile Paralysis.

The outbreak in the Fowey area caused considerable alarm as a few school children were concerned in the out-break and also a Head Master. More than half the number of school children affected, are now back at school with only very slight or no disability; two other children and also the Head Master are still undergoing treatment away and all are said to be progressing more or less favourably.

This outbreak of Infantile Paralysis was responsible for a good deal of absenteeism through anxiety when other mild infections such as common colds, etc., were in progress, and in December a considerable amount of absence resulted from a mild type of Influenza affecting the Fowey area quite badly.

In other areas, health and attendance at school was normal and satisfactory.

Diphtheria Immunisation in Schools.

This was carried out during the Autumn term in most areas and the response for "Booster" dose among children who had been immunised previously, was satisfactory, I believe, and many children who had not been immunised previously—including some pre-school children, were also immunised and thus brought into the scheme for prevention of diphtheria.

This work is to continue in the schools as opportunity arises and infants are also being immunised in the Infant Welfare Clinics.

General.

The School Doctor's work is varied and comprehensive, embracing as it does, infants, pre-school children and school children of all ages with the opportunity to follow and observe the child throughout and to keep useful records.

Liaison with the Home Doctor is maintained as far as possible, and with the added advantage of Specialist services at the disposal of the School Medical Service, the health and well-being of the school child is well provided for."

PHYSICAL EDUCATION.

The Senior Organisers of Physical Education, Miss V. M. Jeans, C.S.P., and Mr. M. A. Broadbridge, report as follows:—

"The scheme involving the reorganisation of Physical Education, adopted by the County and put into operation in the Newquay area of Mid-Cornwall, is now beginning to benefit from the intensive training and visits to that area by the Organisers and by the equipping of the schools with suitable apparatus. The conditions in some of the schools have detracted from the quality of the work and have, to some extent, nullified the efforts of both Teachers and Organisers. It has also not been possible to instal any climbing apparatus, one of the greatest needs of young children, in any of the schools. Praise is due to the teachers in the Newquay area for their interest and co-operation in the whole scheme and especially for the help they have given in supervising the remedial exercises of the children. Some time must elapse before results can be analysed, but the Organisers dealing with this side of the work have found the children and parents very willing and eager to co-operate and the Medical Officer for that area has been most helpful.

The number of Organisers still remains at four, as no suitable applications have been received for the post of Assistant Woman Organiser, chiefly due to the lack of facilities for Physical Education in the County. The position is the same in the staffing of the schools and for largely the same reason.

Halls, playgrounds and playing fields.

Indoor accommodation has been secured for a few more schools during the year but it is not always realised that a large and suitable floor area is necessary. A small and often dirty or slippery hall is not a good substitute for a well drained playground of reasonable surface and size. Playgrounds which have been resurfaced with 'Parphalte' have already proved their worth in the freedom of movement, increase in range of activities and by the absence of grazed and cut knees and hands. The lack of playing fields and the inability to use some of the established fields because of the difficulty of frequent cutting, present a real problem. During 1950, the Fowey field experiment came to the report stage. This proved satisfactory and a formula was agreed upon for sharing the expense between the Fowey Borough Council and the Cornwall Education Committee. The Fowey Field Management Committee meet about four times a year to decide questions of upkeep and allocation.

The upkeep of certain fields in the western and mid districts of the County came on to a direct labour basis towards the end of April, a depot for the necessary equipment being established at Camborne. The grass condition of the fields serviced was greatly improved. During the winter, arrears of hedge trimming, together with soil preparation for seeding, were attended to and several acres of County Council land have thus been reclaimed for games use. Financial conditions have deferred the extension of the scheme to East and North Cornwall to 1952.

Apparatus and Clothing.

The schools are gradually increasing their supply of small apparatus and the installation and repair of portable and fixed apparatus continues. All existing Secondary Modern Schools, with suitable facilities, have now had their first instalment of portable gymnastic equipment. Additions, in the case of three Grammar Schools, have been deferred to 1951—52. The rising cost of all apparatus makes an adequate supply impossible and the lack of storage space to house this now expensive equipment is very noticeable. There is a marked improvement in what is considered suitable clothing for physical education lessons in the areas where Teachers' Courses have been held, but much education of parents, teachers and children remains to be done in the greater part of the County.

Physical Training.

The aim of the physical training lesson is to train the child to perform normal everyday movements with ease and skill and to prevent the minor defects which arise from time to time due to a clumsy or mal-adjusted body and bad habit posture. The idea of an educated body fit to house and express an educated mind and an educated mind fit to use an educated body, should be a goal which is worth striving for during the formative years at school.

With this in mind, much has been done during the year, by demonstrations and talks to parents and teachers, to show the various methods which will produce a supple and co-ordinated body which can then be used with a greater degree of efficiency than could otherwise be the case. Then the majority, instead of the minority, of boys and girls will wish to continue with some form of physical activity on leaving school.

GIRLS.

Dancing.

National and European dancing has been introduced into some schools and has proved very successful. Two English Folk Dance Festivals for boys and girls were held and, later in the year at the Teachers' request, a Sub-Committee of teachers was formed to be responsible for the organisation of future Festivals.

Games.

The shortage of both public and school tennis courts is one of the most serious handicaps in schools where girls of over eleven are educated. In some cases girls have no opportunity of any other major games owing to lack of facilities and, as tennis is a social game, needs small numbers and can be played for many years after school life, it should be an essential part of every girl's education. As the result of a survey taken during the year, only one Grammar School was found to have an adequate number of tennis courts and no fewer than seven have no facilities at school at all, ten relying on the hire of public courts. Of the Secondary Modern Schools, none have any courts at school and three have no access to public courts.

Hockey and netball have had a limited success during the year. The Grammar School Staffs arranged hockey and netball County Day Tournaments. Netball Day Tournaments for "under 15's" for all schools were held in three areas in spite of the weather. 1st and 2nd County hockey XIs were chosen and the 1st XI went, at their own expense, to the Christmas Tournament at Weston-super-Mare. County Netball Teams were also chosen.

Athletics.

Most schools arranged athletic meetings either singly or in groups and the West held a successful athletic meeting for Secondary Modern Schools in the area. Generally too little time is given to practice throughout the year and there is a danger that the growing girl may be subjected to sudden strain.

Swimming.

The schools made use of the limited facilities in the County but the difficulty of teaching classes amongst the general public made progress slow.

BOYS.

Association Football.

The Football Association film has been shown in most centres in the County. The general standard of play is good and the boys did well when they met representative teams from other parts of the Country.

Rugby Football.

National representation in Pre-Service and other such XV's was even higher than in the previous year.

A group of schools (mostly Sec. Mod.) in West Cornwall is experimenting with a scheme of Rugby and Association Football on a 'one-term-each' basis.

Cricket.

The bad summer made progress difficult.

Swimming.

A number of teachers attended the County Amateur Swimming Association weekend coaching course at Carlyon Bay.

Camping.

As a result of the Teachers' Course on Camping, two more schools held camps. Because of the months required for camp preparation, other schools postponed their start until 1951.

Boxing.

Eight Cornish Schools are now affiliated to the Devon and Cornwall branch of the Schools' Amateur Boxing Association. Four boys reached the quarter finals of the national championships and their standard of boxing earned appreciative gestures from other parts of England and Wales.

Athletics.

More group and inter-group meetings were held during the year. Performance improved and field events received increased attention. The Secondary Modern Schools, as a result of their first sports on a group basis, have formulated a comprehensive plan for the future. Secondary Grammar School activities proceeded on their well established system. Very high places were gained by two schools in the Milocarian Trophy Competition open to all schools in the Country.

Courses and Demonstrations for Teachers.

Women

Courses:	Area Covered	No. Attended
Physical Training—Infant and Junior	Newquay (6 weeks)	60 (Mixed)
Physical Training—Senior Girls	Newquay (4 weeks)	29
National Dancing—Jnr. and Snr.	Newquay (6 weeks)	21
Remedials—Inf. Jnr. and Snr.	Newquay (2 weeks)	70 (Mixed)
Physical Training—Inf. and Jnr.	St. Austell (6 weeks)	119 (Mixed)
National Dancing—Jnr. and Snr.	Whole County (1 day)	120
Remedials	Grammar Sec. Mod. Schools (1 day)	16 (Mixed)
Demonstrations:		
Physical Training—Inf. and Jnr.	Newquay	70 (Mixed)
Physical Training—Snr. Girls	Newquay	70
National Dancing and Skipping	Newquay	50
Physical Training—Inf and Jnr. (7-15 Boys) (7-15 Girls)	St. Austell	170 (Mixed)
Hockey	Grammar and Sec. Mod. Schools.	250
Talks to Associations:		
Parent Teacher	Camborne Grammar	—
Parent Teacher	Kea School	—

Men.

Courses:		
Physical Training—Snr. Boys	Newquay (6 weeks)	29
Camping—(2 courses)	Whole County (4 days)	28
	(7 days)	28 (Mixed)

Courses:

Lecture Demonstrations:

Physical Training—(3) Snr. Boys	Newquay, Indian Queens, Mawgan in Pydar Schools	—	
*Athletics	Falmouth, St. Austell, Truro, Redruth, Camborne, Penzance, Newquay.	240	(Mixed)
*Swimming	Pool, Lescudjack, Falmouth	18	
*Football	Whole County.	—	

*—including films.

In spite of the fact that the Organisers have not done all that they had hoped to do during the year, owing to financial cuts and lack of facilities and apparatus, there has been progress and a quickening of interest in the subject throughout the County, and if the goodwill and co-operation of all those with whom the Organisers work can be maintained at its present high level, further progress is assured."

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups		
Entrants	...	4,940
Second Age Group	...	4,526
Third Age Group	...	3,641
Total	...	13,107
Number of other Periodic Inspections		
Vision at 8	...	3,350
Entrants to Secondary Schools	...	3,861
Grand Total	...	20,318

B.—OTHER INSPECTIONS.

Number of special Inspections	...	2,407
Number of Re-Inspections	...	4,496
Total	...	6,903

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ...	127	929	995
Second Age Group ...	322	699	844
Third Age Group ...	341	493	596
Total (prescribed groups) ...	790	2,121	2,435
Entrants to Sec. School ...	318	476	754
Other Periodic Inspections ...	244	43	277
Grand Total ...	1,352	2,640	3,466

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of defects Requiring treatment	PERIODIC INSPECTIONS No. of defects Requiring to be kept under observation, but not requiring treatment.	SPECIAL INSPECTIONS No. of defects Requiring treatment	SPECIAL INSPECTIONS No. of defects Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin ...	183	110	31	17
5.	Eyes—a. Vision ...	1,352	277	295	93
	b. Squint ...	271	37	32	13
	c. Other ...	90	39	19	7
6.	Ears—a. Hearing ...	48	77	22	14
	b. Otitis Media	71	55	14	19
	c. Other ...	18	21	9	27
7.	Nose or Throat ...	491	660	86	77
8.	Speech ...	70	75	21	10
9.	Cervical Glands ...	66	184	14	28
10.	Heart and Circulation	73	168	26	35
11.	Lungs ...	106	240	23	47
12.	Developmental—				
	a. Hernia ...	20	18	4	5
	b. Other ...	23	27	1	7
13.	Orthopaedic—				
	a. Posture ...	146	293	30	15
	b. Flatfoot ...	452	191	25	13
	c. Other ...	180	74	36	19
14.	Nervous system—				
	a. Epilepsy ...	13	10	1	1
	b. Other ...	12	27	6	11
15.	Psychological—				
	a. Development	61	112	34	25
	b. Stability ...	64	45	9	18
16.	Other ..	182	132	91	94

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	4,940	1,910	38.5	2,797	56.8	233	4.7
Second Age Group	4,526	1,724	38.0	2,579	57.0	223	5.0
Third Age Group	3,641	1,493	41.0	2,006	55.0	142	4.0
Other Periodic Inspections ...	3,861	1,421	37.0	2,301	59.3	139	3.7
Total ...	16,968	6,548	38.6	9,683	57.0	737	4.4

TABLE III.—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons ...	262,332
(ii) Total number of individual pupils found to be infested	1,686
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	1,686
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	22

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

Notes:—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment)).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	by the Authority	otherwise
Ringworm— (i) Scalp ...	0	0
(ii) Body ...	14	0
Scabies ...	1	0
Impetigo ...	45	0
Other skin diseases ...	87	7
Total ...	147	7

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ...	68	32
Errors of Refraction (including squint) ...	81*	1835
Total ...	149	1867
Number of pupils for whom spectacles were		
(a) Prescribed ...	75*	1215
(b) Obtained ...	70*	740
Total ...	145	1955

*These totals refer only to cases dealt with by the Supplementary Ophthalmic Services.

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear ...	0	70
(b) for adenoids and chronic tonsillitis	0	332
(c) for other nose and throat conditions	0	24
Received other forms of treatment ...	36	18
Total ...	36	444

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	150	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	0	Information not available

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ...	184	12*

*These cases are from South East Cornwall and were referred to Plymouth City Child Guidance Centres under arrangements made with them.

GROUP 6.—SPEECH THERAPY.

	Number of cases treated by the Authority	otherwise
Number of pupils treated by Speech Therapists	217	0

GROUP 7.—OTHER TREATMENT GIVEN.

	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	1,075	6
(b) Other (specify)—		
1. Abdomen ...	0	122
2. Kidney ...	0	16
3. Glands ..	0	15
4. Chest ..	0	15
5. Others ...	0	145
Total ...	1,075	319

~~DENTAL INSPECTION AND TREATMENT.~~

The figures of cases treated "Otherwise than by the Authority" are incomplete owing to lack of full information from Hospital Out-Patient Departments.

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(a) Periodic age groups	...	16,209
	(b) Specials	...	1,519
	Total (1)	...	17,728
(2)	Number found to require treatment	...	13,235
(3)	Number referred for treatment	...	13,235
(4)	Number actually treated	...	8,008
(5)	Attendances made by pupils for treatment	...	13,708
(6)	Half-days devoted to: Inspection	...	234½
	Treatment	...	2,361½
	Total (6)	...	2,596
(7)	Fillings: Permanent Teeth	...	7,510
	Temporary Teeth	...	795
	Total (7)	...	8,305
(8)	Number of teeth filled: Permanent Teeth	...	5,710
	Temporary Teeth	...	795
	Total (8)	...	6,505
(9)	Extractions: Permanent Teeth	...	1,442
	Temporary Teeth	...	4,987
	Total (9)	...	6,429
(10)	Administration of general anaesthetics for extraction	...	434
(11)	Other operations: Permanent Teeth	...	7,818
	Temporary Teeth	...	3,490
	Total (11)	...	11,308